

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	0		2				53						
4	0		2				54						
5	0		2				55						
6	0		2				56						
7	0		2				57						
8	0		2				58						
9	0		2				59						
10	0		2				60						
11	0		2				61						
12	0		2				62						
13	0		2				63						
14	0		1				64						
15	1		1				65						
16	0		2				66						
17	0		2				67						
18	0		2				68						
19	1		1				69						
20	1		1				70						
21	1		1				71						
22	1		1				72						
23	1		1				73						
24	1		1				74						
25	1		1				75						
26	1		1				76						
27	1		1				77						
28	0		2				78						
29	0		2				79						
30	1		1				80						
31	1		1				81						
32	1		1				82						
33	1		1				83						
34	1		1				84						
35	1		1				85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6										
TOTAL DEP.			45										
TOTAL CLAIMS			51										